

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

09/702765

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1					1	
2						1
3						1
4						1
5						1
6						1
7						1
8						2
9						1
10						1
11						1
12						1
13						1
14						1
15						1
16						1
17						1
18						17
19					1	
20					1	
21						1
22					1	
23						1
24						1
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26						1
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Total indep					5	
Total depend					38	
Total claims					43	

BEST AVAILABLE COPY

	*		*		*
	Indep	Depend	Indep	Depend	
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100					
Total indep					
Total depend					
Total claims					

# CLAIMS ONLY

Application Number

09/702765

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1					1	
2						1
3						1
4						1
5						1
6						1
7						2
8						1
9						1
10						1
11						1
12						1
13						1
14						1
15						1
16						1
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Total Indep					5	
Total Depend					38	
Total Claims					43	

BEST AVAILABLE COPY

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depe
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